

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H56360	
1. Entity Name VILLA DELUCA, INC.	

Principal Place of Business 1184 SO. FEDERAL HWY. POMPANO BEACH, FL 33062-7053	Mailing Address P.O. BOX 1412 1184 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33061 US
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2531107	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELUCA, SALVATORE
1184 SO. FEDERAL HWY.
POMPANO BEACH, FL 33062-7053

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LUCA, SANDRA 1184 SO. FEDERAL HWY. POMPANO BEACH, FL 330627053
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U00000506691
04/27/06-80032-013 150.00

U00000506691
04/27/06-80032-014 8.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra De Luca* **4-11-2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #